

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 99

STATE FILE NUMBER 62-030459

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6275

3270

3

4 0

5 1

6

7 1

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9331X

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Boonville

Length of stay in lb
50 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cooper

c. CITY OR TOWN Boonville

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS R. F. D. #2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First John Middle Mason Last Ashpaugh

4. DATE OF DEATH

Month August Day 11 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH April 28, 1891

9. AGE (last birthday) 71

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own farm

11. BIRTHPLACE (City and state or country)
Kentucky

12. CITIZEN OF WHAT COUNTRY
USA.

13a. FATHER'S NAME

Bob Ashpaugh

13b. MOTHER'S MAIDEN NAME

Addie Miller.

14. NAME OF HUSBAND OR WIFE

Orphia Morrow Ashpaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT Jack Ashpaugh, Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Dialysis Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 28, 1958, to 8-11-62 and last saw her alive on 8-11-62

Death occurred at 12:05 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Willie G. Allen MD

22b. ADDRESS

329 Main Boonville, Mo.

22c. DATE SIGNED

8-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

August 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove

23d. LOCATION (City, town, or county)

Boonville, Mo. Missouri.

24. FUNERAL DIRECTOR

Goodman & Boller. Boonville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

8-13-62

26. REGISTRAR'S SIGNATURE

Beck Hooper

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.